



Registration Form for Regulated Activities in Aquifer Protection Areas

Please complete this form in accordance with the instructions (DEP-APA-INST-100) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the registration fee along with this form.

This registration form is for registering regulated activities in Aquifer Protection Areas in accordance with Section 22a-354i-7 of the Regulations of Connecticut State Agencies (RCSA).

DEP USE ONLY

Application No. _____
Registration No. _____
Permit No. _____
APA Name _____
Town _____
Date of Receipt _____

Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> registration</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing registration</p> <p><input type="checkbox"/> A <i>modification</i> of an existing registration*</p>	<p>Please identify any previous or existing aquifer protection registration/ permit number in the space provided:</p>
--	---

* Note that if you are seeking a *modification*, you should consult the Aquifer Protection Program at 860-424-3020 prior to submitting a registration to determine whether a registration form is necessary.

Part II: Fee Information

<p>A registration fee of \$500.00, established by Section 22a-6f of the General Statutes shall be submitted with the registration form. The registration fee for a municipality shall be \$250.00. A registration shall not be deemed complete and no activity will be authorized by this registration unless the registration fee has been paid in full. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Environmental Protection.</p>
--

Part III: Registrant Information

<p>1. Fill in the name of the applicant/registrant(s) as indicated on the <i>Permit Application Transmittal Form</i> (DEP-APP-001):</p> <p>Name of Registrant: _____</p> <p>Mailing Address: _____</p> <p>City/Town: _____ State: _____ Zip Code: _____</p> <p>Business Phone: _____ ext. _____ Fax: _____</p> <p>E-mail address: _____</p> <p>Registrant's interest in property or facility at which the proposed activity is to be located:(check all that apply)</p> <p><input type="checkbox"/> site owner <input type="checkbox"/> option holder <input type="checkbox"/> lessee <input type="checkbox"/> facility owner</p> <p><input type="checkbox"/> easement holder <input type="checkbox"/> operator <input type="checkbox"/> other (specify): _____</p> <p>Name of Company: _____</p> <p><input type="checkbox"/> Check here if there are co-registrants. If so, label and attach additional sheet(s) to this sheet with the required information.</p>

Part III: Registrant Information (continued)

2. List primary contact for departmental correspondence and inquiries, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

E-mail address:

3. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney:

4. Facility Operator, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

5. Facility Owner, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

6. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Service Provided:

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Part IV: Facility Information

1. Name of facility, if applicable:

Street Address or Description of Location:

City/Town:

State:

Zip Code:

2. From the following list, check *all* regulated activities being conducted at the facility. Note only certain facilities need to register regulated activities with the DEP, please see instructions for further detail.

Regulated Activity: For a full description of each regulated activity see RCSA Section 22a-354i-1(34) or Appendix A of the instructions (DEP-APA-INST-100).

- ☐ (A) Underground storage or transmission of oil or petroleum
- ☐ (B) Oil or petroleum dispensing for the purpose of retail, wholesale or fleet use
- ☐ (C) On-site storage of hazardous materials for the purpose of wholesale sale
- ☐ (D) Repair or maintenance of vehicles or internal combustion engines of vehicles
- ☐ (E) Salvage operations of metal or vehicle parts
- ☐ (F) Wastewater discharges to ground water other than domestic sewage and stormwater
- ☐ (G) Car or truck washing
- ☐ (H) Production or refining of chemicals
- ☐ (I) Clothes or cloth cleaning service (dry cleaner)
- ☐ (J) Industrial laundry service
- ☐ (K) Generation of electrical power by means of fossil fuels
- ☐ (L) Production of electronic boards, electrical components, or other electrical equipment
- ☐ (M) Embalming or crematory services
- ☐ (N) Furniture stripping operations
- ☐ (O) Furniture finishing operations
- ☐ (P) Storage, treatment or disposal of hazardous waste under a RCRA permit
- ☐ (Q) Biological or chemical testing, analysis or research
- ☐ (R) Pest control services
- ☐ (S) Photographic finishing
- ☐ (T) Production or fabrication of metal products
- ☐ (U) Printing, plate making, lithography, photoengraving, or gravure
- ☐ (V) Accumulation or storage of waste oil, anti-freeze or spent lead-acid batteries
- ☐ (W) Production of rubber, resin cements, elastomers or plastic
- ☐ (X) Storage of de-icing chemicals
- ☐ (Y) Accumulation, storage, handling, recycling, disposal, reduction, processing, burning, transfer or composting of solid waste
- ☐ (Z) Dying, coating or printing of textiles, or tanning or finishing of leather
- ☐ (AA) Production of wood veneer, plywood, reconstituted wood or pressure-treated wood
- ☐ (BB) Pulp production processes

Part V: Best Management Practices

The registrant and operator, if different from the registrant, must certify that the facility is in compliance with all the best management practices set forth in RCSA Section 22a-354i-9(a). The registrant and the operator, if different from the registrant, must sign this part. A registration will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices (BMP's) for regulated activities, see RCSA Section 22a-354i-9(a) or Appendix B of the instructions (DEP-APA-INST-100).

"I certify that the subject facility is in compliance with all the best management practices set forth in RCSA Section 22a-354i-9(a). I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices."

- ☐ Storage of hazardous materials above ground is in compliance with all provisions of RCSA Section 22a-354i-9(a)(1).
- ☐ The number of underground storage tanks used to store hazardous materials shall not increase in accordance with RCSA Section 22a-354i-9(a)(2).
- ☐ Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of RCSA Section 22a-354i-9(a)(3).
- ☐ Devices for release of wastewaters to the ground shall not be used except in accordance with RCSA Section 22a-354i-9(a)(4).
- ☐ A Materials Management Plan has been developed in accordance with RCSA Section 22a-354i-9(a)(5). and will be implemented upon issuance of a registration.

Signature of Registrant

Date

Name of Registrant (print or type)

Title (if applicable)

Signature of Operator (if different than above)

Date

Name of Operator (print or type)

Title (if applicable)

Part VI: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name as indicated on the *Permit Application Transmittal Form*.

- ☐ Attachment A: A Facility Boundary Map (*Required for all Registrations*)

An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map with the exact location of the facility* (property) boundaries shown. Indicate the quadrangle name on the map. A larger scale version of the Quadrangle Map or similar map with the facility boundaries shown, may also be submitted to clarify boundary locations. For sample maps see Figures A and B of the instructions (DEP-APA-INST-100).

* Note: In accordance with RCSA Section 22a-354i-1, "facility" is defined as property where a regulated activity is being conducted by any person, including without limitation any buildings located on the property that are owned or leased by that person; and includes contiguous land owned, leased, or for which there is an option to purchase by that person.

- ☐ Attachment B: Materials Management Plan, *if requested by the Commissioner*.

- ☐ Attachment C: Stormwater Management Plan, *if requested by the Commissioner*.

(continued on the following page)

Part VII: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text."</p>	
Signature of Registrant	Date
Name of Registrant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

Please submit the Permit Application Transmittal Form, Registration Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

The registrant shall also mail a copy of this completed form to the following:

- Municipal Aquifer Protection Agency in the town in which the facility is located,
- the Commissioner of Public Health, and
- the affected water company.

See Appendix C of the instructions (DEP-APA-INST-100) for contacts and mailing addresses.